



Employee Safety Citation Form

(INSTRUCTIONS: All boxes are to be checked for response, click to initiate a check mark if N/A or discrepancies fill in comments)
This Form is for management to report and record unsafe behaviors or actions by employees.

Employee Information:

Name: _____ Department: _____ Dept. # _____

Date: ____ / ____ / ____ Time: ____ : ____ am pm

Incident Location: _____

Incident Details: (Auto-Font 300 characters max)

Violation:

- Failure to use proper PPE
- Unauthorized use of equip.
- Improper use of vehicle
- Less than safe uses of equip.
- Less than safe use of vehicle
- Horseplay
- Failure to secure load or tarp materials
- Less than safe workplace behavior
- Improper lifting
- Safety-Glasses/Eye protection
- Vehicle or Equipment #_____

Comments: (This Text box is auto-font will fit 500 characters)

Employee Signature: _____

Supervisor/ Department Head Signature: _____

Risk Management Safety Officer Signature: _____

For Management only.

*Please attach any additional pictures, diagrams, and/or statements.
A copy of this form will be placed in your Personnel file.*